

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589507

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	1		1			
5	CD		1			
6	CD		1			
7	CD		1			
8	CD		1			
9	CD		1			
10	CD		1			
11	1		1			
12	1		1			
13	2		1			
14	CD		1			
15	CD		1			
16	CD		1			
17	CD		1			
18	CD		1			
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50						
TOTAL IND.			2			
TOTAL DEP.			20			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						